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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 2501

<b>SERIAL NUMBER</b> 10/735,045	<b>FILING OR 371(c) DATE</b> 12/12/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> END5043USCIP2
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**APPLICANTS**

T. Douglas Mast, Cincinnati, OH;  
Waseem Faidi, Cincinnati, OH;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/153,241 05/22/2002 ABN which claims benefit of 60/294,135 05/29/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

03/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

27777

**TITLE**

METHOD FOR MAPPING TEMPERATURE RISE USING PULSE-ECHO ULTRASOUND

<b>FILING FEE RECEIVED</b> 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 1270

<b>SERIAL NUMBER</b> 09/579,137	<b>FILING OR 371(c) DATE</b> 05/30/2000 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2618	<b>ATTORNEY DOCKET NO.</b> 192523US2
<b>APPLICANTS</b> Teruo Okada, Fujioka-shi, JAPAN; Hideaki Nebashi, Hadano-shi, JAPAN; Shuichi Inage, Kumagaya-shi, JAPAN;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN P11-152952 05/31/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/16/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 22850				
<b>TITLE</b> AUDIO SYSTEM AND HEAD ATTACHMENT AUDIO UNIT				
<b>FILING FEE RECEIVED</b> 874	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	